

## Hazardous Materials Course Manager Evaluation (Optional-Course Manager to CSTI Feedback Form)

Course Title: \_\_\_\_\_

Course Date: \_\_\_\_\_

CSTI Class Number: \_\_\_\_\_

Course Manager: \_\_\_\_\_

### **COURSE ASSESSMENT**

- |    |  | <b><u>COMMENTS:</u></b>                            |
|----|--|--|
| 1. | <b><u>MATERIALS</u></b><br>Technically accurate<br>Up- to- Date<br>Well- organized<br>Easy to use<br>Complete  | _____<br>_____<br>_____<br>_____<br>_____          |
| 2. | <b><u>AUDIOVISUALS:</u></b><br>Types<br>Titles<br>Quality  | _____<br>_____<br>_____                            |
| 3. | <b><u>COURSE:</u></b><br>Relevant<br>Facilitated learning<br>Lectures/ activities were appropriate<br>Right amount of materials<br>Appropriate for participants<br>Effective | _____<br>_____<br>_____<br>_____<br>_____<br>_____ |
| 4. | <b><u>PARTICIPANTS:</u></b><br>Motivated<br>Manageable<br>Precourse information  | _____<br>_____<br>_____                            |
| 5. | <b><u>FACILITIES:</u></b><br>Conducive to learning<br>AV equipment available   | _____<br>_____                                     |
| 6. | Was the course delivered as designed? If not, why?<br>_____<br>_____   |  |
| 7. | Do you feel that the course met its objectives? If not, why?<br>_____<br>_____   |  |
| 8. | Did you train all sessions of the course? If not, why?<br>_____<br>_____   |  |

**Please use the following lines for comments and suggestions:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_